

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation

INITIAL CLAIM FORM - MAIL

1. Name (First) (Middle) (Last)	2. Social Security Number
3. Mailing Address (No. Street or Rural Route) (City or Town) (State - ZIP Code)	4. Telephone

5. This Department provides accommodations for persons with disabilities. If you require special services, please check: ☐ Reader ☐ Interpreter ☐ Other (specify)_____
6. If you are a military veteran, please enter dates of service:
Entered: Month_____Day_____Year_____ Released: Month_____Day_____Year_____
Military Service Branch_____
7. Do you expect to be recalled by your former employer? 0 ☐ Currently Working
1 ☐ YES, Date of Recall is _____
2 ☐ YES, No Specific Date
3 ☐ NO
8. School Status: ☐ In School; ☐ Not in School
9. In the last 10 years, what job have you done the most? _____
How much experience do you have in this job? _____years _____months
Occupation that you wish to seek work in if not the same as above: _____
10. Hired through Union Hall?.....[☐ YES [☐ NO
11. Are you receiving social security or any type of retirement pension?[☐ YES [☐ NO
12. Have you received or are you entitled to receive any severance, terminal or dismissal wages, wages in lieu of notice, vacation pay, holiday pay, or bonus payments?.....[☐ YES [☐ NO
If "YES," Type(s) of Payment_____Gross amount_____When paid_____
Attach additional sheet if needed.
13. DEPENDENCY SECTION: You may be entitled to an allowance for each dependent child up to ½ of your weekly benefit amount. If you are presently providing more than ½ of the cost of support for a dependent and your spouse, who is contributing some support for the dependent, is not employed full-time, please check here to request a Dependency form.[☐ YES
- >>Are you required to pay child support to a court or child support enforcement agency?[☐ YES [☐ NO
14. Resident Town_____Date of Birth_____ [☐ Male [☐ Female
School Yrs. Completed_____Handicapped/Disabled? [☐ YES [☐ NO # of People in Family_____
Family Responsibility: [☐ Principal Earner; [☐ Secondary Earner; [☐ Live Alone
[☐ Married [☐ Single [☐ Other
- >>I attest, under penalties of perjury, that I am:
[☐ A citizen of the United States
[☐ An alien lawfully admitted for permanent residence. (Alien No. A-_____)
[☐ An alien authorized by the Immigration and Naturalization Service to work in the U.S.
Alien No._____or Admission No._____Exp. Date of Employment Auth. if any_____

15. **OPTIONAL** [☐ White; [☐ Black; [☐ Hispanic; [☐ Asian/Pacific Island; [☐ Indian/Alaskan-Native;

16. WORK HISTORY:

Current or Last Employer (Company Name)			Job Title	
Address of Work Location	Job Began	Duration	Job Ended	Salary: \$_____per [<input type="checkbox"/> Hour; [<input type="checkbox"/> Day; [<input type="checkbox"/> Week; [<input type="checkbox"/> Year; [<input type="checkbox"/> Other Normal Hours per Week Worked _____
OFFICE USE: Employer Number	Reason for Separation: 1 [<input type="checkbox"/> Lack of Work 2 [<input type="checkbox"/> Left Voluntarily 3 [<input type="checkbox"/> Discharge or Suspension 4 [<input type="checkbox"/> Labor Dispute 5 [<input type="checkbox"/> Currently Employed 6 [<input type="checkbox"/> On a Leave of Absence			

WORK HISTORY (Continued)

Previous Employer (Company Name)			Job Title	
Address of Work Location	Job Began	Duration	Job Ended	Salary: \$_____ per <input type="checkbox"/> Hour; <input type="checkbox"/> Day; <input type="checkbox"/> Month; <input type="checkbox"/> Year; <input type="checkbox"/> Other Normal Hours per Week Worked_____
OFFICE USE: Employer Number	Reason for Separation: 1 <input type="checkbox"/> Lack of Work 2 <input type="checkbox"/> Left Voluntarily 3 <input type="checkbox"/> Discharge or Suspension 4 <input type="checkbox"/> Labor Dispute 5 <input type="checkbox"/> Currently Employed 6 <input type="checkbox"/> On a Leave of Absence			

17. During the last 18 months:
- A. Were you employed by the Federal Government (either civilian service or military)?1 ☐ YES 2 ☐ NO
1. Military Service? ☐ YES – Enter **Service Branch**_____ ☐ NO
Dates: From_____To_____
2. Civilian Service? ☐ YES ☐ NO Dates: From_____To_____
- B. Have you applied for or received any Workers' Compensation benefits for a work-related injury or illness?1 ☐ YES 2 ☐ NO
- C. Did you file an unemployment claim against, or receive benefits from, a state other than Maine?1 ☐ YES 2 ☐ NO
- D. Have you worked in another State, Puerto Rico, or the Virgin Islands?1 ☐ YES 2 ☐ NO
If "YES," list complete name, address, and dates in the Remarks Section.
18. Is there any reason you cannot accept full-time work?1 ☐ YES 2 ☐ NO
- A. If "YES," how many hours per week were you working during the last 18 months? _____
- B. How many hours per week are you able and/or available for work? _____
- C. In the REMARKS section below, please explain the reason why you cannot work full-time.**
19. Does your regular occupation require shift work?1 ☐ YES 2 ☐ NO
If "YES," check all shifts you are available for work.
☐ first; ☐ second; ☐ third; ☐ rotating; ☐ split; ☐ any
20. Will you accept the wages paid for this work in the area?1 ☐ YES 2 ☐ NO
21. What means of transportation do you have?
☐ personal; ☐ public; ☐ car pools; ☐ none; ☐ other, explain in the Remarks Section.
22. Please explain your work search plans in the Remarks Section below.

REMARKS: (If additional space is needed, attach a separate sheet.)

CERTIFICATION: I understand that to be eligible for unemployment benefits: I must file a weekly claim form as instructed. I must be able and available for full time work and actively seeking full time work. I must report all periods of employment of any type and report any wages earned or cash value provided for such employment. I must report any offer of work that I refuse or any referrals made to work by the Maine CareerCenter that I refuse. I must report any dismissal wages, wages in lieu of notice, terminal pay, vacation pay, holiday pay, retroactive payments, bonuses, sickness and disability benefits, workers' compensation, retirement or pension payments including Social Security which are paid or payable to me for this period. I certify that I am not seeking unemployment benefits under any other State or Federal unemployment insurance system for any part of this period. I certify that my answers to the questions on this form are true knowing that it is a criminal offense to make false statements to obtain benefits.

Signature_____Date_____

Mail immediately upon receipt but not later than 7 days. If not mailed within 7 days, claim will be effective week of postmark. Mail to the address from the instruction sheet.

OFFICE USE ONLY:

Eff. Date_____

LO Code_____

By_____

**Maine Department of Labor
Bureau of Unemployment Compensation**

Filing an Unemployment Claim by Mail

These are the instructions for filing a new unemployment claim by mail. Please read and follow them carefully as mistakes could delay the processing of your claim.

1. Fill out both sides of the application form.

Accommodations for persons with disabilities: if you need a reader, interpreter, or other assistance in completing this form, please contact the nearest unemployment office shown on the reverse. You may also reach us via TTY at 1-800-794-1110.

2. Mail your completed application form as soon as possible to the Unemployment Office nearest to where you live (address list on the reverse). It is important that you mail the form without delay as the postmark will determine the starting date of your claim.

Important hints for completing this application

- * Do ***not*** skip or leave off any information requested as this may prevent your application from being processed.
- * Most of the application should be easy to fill out. However, the following areas may need some explanation.

#9 - We need to know the kind of work you have done the most in the past ten years. It may not have all been for the same employer and it might not be what you did on your last job. List the occupation or type of work and how long you have done it. If this is not the occupation that you wish to pursue now, enter the occupation in which you wish to seek employment.

#12 - Dependency Section: You may be eligible to receive dependency allowance for dependent children if you provide more than one half of their support. If you need a copy of the forms sent to you, check the box in item 12.

#14 - Optional - Information from this section is not used in your unemployment claim. It is used to gather information about unemployment trends in Maine. Although it is helpful if you do so, **you may provide this information or not as you wish.**

#15 - Work History - This is very important information. **List *all* jobs that you have had in the last 18 months.** If you worked for more than two employers, show the additional employers on a separate sheet of paper. If we still need additional information we will call you. "*Last or present*" employer means the one you last worked for or may still be working for.

#16 - Federal Service -

If you were in the military service during the past 18 months, you may be able to use this service to qualify for benefits. Send a copy of your **DD form 214, member-4 with your application.** This form is issued by the military at the time of discharge.

If you were employed by the federal government as a civilian, you should have received a "**Standard form 8**" (SF-8). Send a copy of this form with your application.

In either case, you may send a photocopy of the required form or the original. If you send the original you may attach a note asking for its return. We will make a copy and return the original to you.

If you worked outside Maine, we need the **full** address of your work location and the payroll address if different.

Certification -

Please read this section carefully and sign the form. Unsigned applications cannot be processed.

Office Address List

Send completed forms to ***Maine Department of Labor, Bureau of Unemployment Compensation*** at the address nearest you from the following list.

**P.O. Box 4200
Lewiston, ME
04243-4200**

**P.O. Box 610
Orono, ME
04473-0610**

**P.O. Box 1088
Presque Isle, ME
04769-1088**

Unemployment Call Center Telephone Number

1-800-593-7660

TTY: 1-888-457-8884